

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-874)**

SERIAL NO.

09255144

APPLICANT

FILING DATE

2-22-99

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|------------|----------|------|------------------------|------|------------------------|------|
| | NO. | DEF. | NO. | DEF. | NO. | DEF. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | 1 | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | 1 | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | 1 | | | | | |
| 21 | | | | | | |
| 22 | 1 | | | | | |
| 23 | | | | | | |
| 24 | 1 | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | 1 | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | 1 | | | | | |
| 32 | | | | | | |
| 33 | 1 | | | | | |
| 34 | 1 | | | | | |
| 35 | | | | | | |
| 36 | 1 | | | | | |
| 37 | | | | | | |
| 38 | | | | | | |
| 39 | 1 | | | | | |
| 40 | | | | | | |
| 41 | | | | | | |
| 42 | 1 | | | | | |
| 43 | | | | | | |
| 44 | 1 | | | | | |
| 45 | | | | | | |
| 46 | 1 | | | | | |
| 47 | | | | | | |
| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| TOTAL NO. | 16 | | | | | |
| TOTAL DEF. | 34 | | | | | |
| IPRIN. | 50 | | | | | |

| | NO. | DEF. | NO. | DEF. | NO. | DEF. |
|------------|-----|------|-----|------|-----|------|
| 61 | | 1 | | | | |
| 62 | | 1 | | | | |
| 63 | | 1 | | | | |
| 64 | | 1 | | | | |
| 65 | | | | | | |
| 66 | | | | | | |
| 67 | | | | | | |
| 68 | | | | | | |
| 69 | 1 | | | | | |
| 70 | 1 | | | | | |
| 71 | | | | | | |
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| 73 | | | | | | |
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| 97 | | | | | | |
| 98 | | | | | | |
| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL NO. | 3 | | | | | |
| TOTAL DEF. | 14 | | | | | |
| TOTAL | 27 | | | | | |